Statement for the Record

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Buprenorphine in the Treatment of Opioid Addiction:
Successes and the Impediments to Expanded Access
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Senator Levin and Senator Hatch, thank you for inviting me to participate in this forum.

14 years ago, when President Clinton signed into law the Hatch-Levin Drug Addiction Treatment Act of 2000, reports from New England and Appalachia of OxyContin overdoses and addiction were just beginning to surface. At the time, no one could have imagined that we were in the early years of what would become the worst drug addiction epidemic in United States history, an epidemic that has led to the loss of more than 125,000 lives between 1999 and 2010.

When you first began working on DATA 2000, opioid addiction and overdose deaths were not the high profile topics that they are today. Back then, people suffering from opioid addiction were disproportionately African American and Latino and they were from some of America's poorest communities. Very few lawmakers were interested in the problem. You were notable exceptions.

We are exceedingly fortunate that you introduced DATA 2000 when you did. Had you not made it possible for the medical community to treat opioid addiction with buprenorphine, there is no doubt that the epidemic would be far worse than it is today. Tens of thousands of lives have been saved by your historic legislation.

Today's discussion on expanding access to buprenorphine treatment is exactly the conversation we need to be having. Too often, discussion of the issue is framed around

reducing opioid abuse and misuse. Which is important, but it is the wrong way to frame the issue. Opioid abuse and misuse are not diseases. They are risk factors. Medical use is another important risk factor. The correct way to frame this public health crisis is as an epidemic of opioid addiction.

The distinction is important- because when we correctly frame the problem, the public health interventions necessary to bring it under control become clearer. We must do for this epidemic what we would do for any disease epidemic- prevent people from developing the disease and see that people already suffering from the disease are able to access effective treatment.

To prevent new cases of opioid addiction, the medical community, including dentists, must prescribe more cautiously- so that we don't directly addict our patients and so that we don't indirectly cause addiction by stocking medicine chests with a hazard.

For the millions of Americans now suffering from this disease, we must do everything we can to rapidly expand access to buprenorphine treatment. With treatment, sustained remission and recovery from opioid addiction is possible.

I began treating opioid addiction with buprenorphine in 2004. My patients have been young adults, most of whom became addicted through nonmedical use of painkillers, and they have been older adults, people in there 40s, 50s and 60s, who became addicted to opioids mostly through medical use for chronic pain.

Over time, I have had the opportunity to see my younger patients on buprenorphine get married, have babies, graduate college, and start careers. And I have seen my older patients resume their roles as parents and spouses and become involved again in their families and communities.

I have also heard very sad stories from my patients about their friends who did not access treatment- friends who developed Hepatitis C after transitioning to injection use,

friends with multiple arrests, friends no longer able to care for their children and friends, many friends, who lost lives to accidental overdoses.

In communities hit hardest by the epidemic, buprenorphine treatment capacity is not coming close to meeting demand. This is due in large part to caps on the number of patients a physician may treat, ineligibility of nurse practitioners to become waivered, inadequate integration of buprenorphine into primary care and stigma- both of the disease and the treatment.

I am hopeful that today's discussion will lead to policy changes that ease these barriers. A medicine that can treat opioid addiction should not be harder to access than the medicines that are causing this disease. Unless we are able to rapidly expand access to buprenorphine, the outlook is grim. Overdose deaths will remain at historically high levels. Heroin will continue flooding into our neighborhoods. And our families and communities will continue to suffer the tragic consequences.